

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
*(FOR USE WITH FORM PTO-875)*

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	I						51							
2		I					52							
3		I					53							
4	I						54							
5		I					55							
6	I						56							
7		I					57							
8	I						58							
9		I					59							
10	I						60							
11		I					61							
12		I					62							
13	I						63							
14		I					64							
15	I						65							
16		I					66							
17	I						67							
18		I					68							
19	I						69							
20	I						70							
21	I						71							
22	I						72							
23	I						73							
24	I						74							
25	I						75							
26	I						76							
27	I						77							
28		I					78							
29		I					79							
30	I						80							
31		I					81							
32	I						82							
33	I						83							
34	I						84							
35	I						85							
36	I						86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	3	I					TOTAL IND.							
TOTAL DEP.	3	I					TOTAL DEP.							
TOTAL CLAIMS	3	I					TOTAL CLAIMS							

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS